

Vonda M. Wallace
Paralegal Specialist

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)		09/830894	
CLAIMS										
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/							51	/	
2	/							52	/	
3	/							53	/	
4	/							54	/	
5	/							55	/	
6	/							56	/	
7	/							57	/	
8	/							58	/	
9	/							59	/	
10	/							60	/	
11	/							61	/	
12	/							62	/	
13	/							63	/	
14	/							64	/	
15	/							65	/	
16	/							66	/	
17	/							67	/	
18	/							68	/	
19	/							69	/	
20	/							70	/	
21	/							71	/	
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24	/							74	/	
25	/							75	/	
26	/							76	/	
27	/							77	/	
28	/							78	/	
29	/							79	/	
30	/							80	/	
31	/							81	/	
32	/							82	/	
33	/							83	/	
34	/							84	/	
35	/							85	/	
36	/							86	/	
37	/							87	/	
38	/							88	/	
39	/							89	/	
40	/							90	/	
41	/							91	/	
42	/							92	/	
43	/							93	/	
44	/							94	/	
45	/							95	/	
46	/							96	/	
47	/							97	/	
48	/							98	/	
49	/							99	/	
50	/							100	/	
TOTAL IND.								TOTAL IND.		
TOTAL DEP.								TOTAL DEP.		
TOTAL CLAIMS								TOTAL CLAIMS		